

**CUSTODIANSHIP CERTIFICATE TO SUPPORT CLAIM ON BEHALF OF
MINOR CHILDREN OF DECEASED MEMBERS OF THE ARMED FORCES**

*Form Approved
OMB No. 0730-0010
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The public reporting burden for this collection of information is estimated to average 12 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports (0730-0010), 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

PLEASE DO NOT RETURN YOUR FORM TO THE ABOVE ADDRESS. RETURN COMPLETED FORM TO DFAS-DE/FRB, 6760 EAST IRVINGTON PLACE, DENVER, CO 80279-6000.

PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C. 2774; 10 U.S.C., Chapter 73; E.O. 9397.

PRINCIPAL PURPOSE(S): To identify the custodian of unmarried minor children of a deceased military member. The Survivor Benefit Division of the Defense Finance and Accounting Service (DFAS) needs this information to pay a custodian for the establishment of the Survivor Benefit Plan (SBP) and Reserve Component Survivor Benefit Plan (RCSBP) for the benefit of minor children. The Survivor Benefit Division of the Defense Finance and Accounting Service (DFAS) needs this information to release funds.

ROUTINE USE(S): The information may be disclosed to the Social Security Administration, Department of Veterans Affairs, or Department of Justice for current status of child or for prosecution.

DISCLOSURE: Voluntary; however, if DFAS does not receive this information, annuity payments stop. NOTE: Disclosure of the Social Security Number is voluntary; it is used to identify the annuitant.

1. MEMBER'S NAME (*Last, First, Middle*)

2. SSN

3. CHILD(REN) IN CUSTODY

FULL NAME (<i>Last, First, Middle</i>) a.	SSN b.	AGE c.	RELATIONSHIP TO MEMBER d.

4. CUSTODIAN'S RELATIONSHIP TO ABOVE CHILD(REN)

5. CERTIFICATION

This is to certify that I have care and custody of the above unmarried minor child(ren) of a deceased military member. I further certify that no legal fiduciary appointment is contemplated on behalf of the child(ren) listed above and that all funds received will be used for their care and benefit. Also, I will immediately notify DFAS-DE/FRB, 6760 East Irvington Place, Denver, CO 80279-6000, if custody of (any of) the child(ren) is terminated for any reason whatsoever.

WARNING: The penalty for presenting false claims or making false statements in connection with claims is a fine of not more than \$10,000 or imprisonment for not more than 5 years, or both (Act of June 25, 1948, 18 U.S.C. 287, 1001).

a. PRINTED NAME OF CUSTODIAN
(*Last, First, Middle Initial*)

b. SIGNATURE OF CUSTODIAN

c. DATE SIGNED

d. ADDRESS
STREET

CITY

STATE

ZIP CODE

6. REMARKS